



312066 0277 9577 0

GOVERNMENT DOCUMENTS
COLLECTION

OCT 21 1987

University of Massachusetts
Depository Copy

ELDER INDEPENDENCE -- OPPORTUNITIES AND CHALLENGES

ANNUAL REPORT

1986



EXECUTIVE OFFICE OF ELDER AFFAIRS

COMMONWEALTH OF MASSACHUSETTS

MICHAEL S. DUKAKIS,
GOVERNOR

RICHARD H. ROWLAND,
SECRETARY

38 CHAUNCY ST.
BOSTON, MASSACHUSETTS 02111

EXECUTIVE OFFICE OF ELDER AFFAIRS

Richard H. Rowland
Secretary

Michael J. Weeks
Assistant Secretary for Administration

Lillian L. Glickman
Assistant Secretary for Programs

Robert L. Mollica
Assistant Secretary for Research and Planning

Sheila Clemon-Karp
Assistant Secretary for Advocacy

Mark Gray
General Counsel

The 1986 Annual Report
is dedicated to the memory of

Frank J. Manning

A Tireless Advocate for Elders

CONTENTS

Introduction	i
Home Care Program	1
Respite Care and Alzheimer's Disease..	2
Serving Frailer Elders	2
Personal Care	3
Sliding Fee	4
Integration Projects	4
Health Education	7
SHINE	7
DRG Education project	7
Councils on Aging	8
Nutrition Services	9
Recipe Contest	10
Keep Moving	11
Advocacy	12
Citizens Advisory Committee	12
ELDER ADVOCATES	12
Legislative Assembly	13
Social Security Celebrations	14
Governor's Conference on Aging	14
Elder Service Corps	15
Senior Aides	15
Protective Services	16
Legal Services	17
Ombudsman Program	18
Research and Demonstrations	19
Congregate Housing	19
Training	20



Digitized by the Internet Archive
in 2013

<http://archive.org/details/annualreportofde1986mass>

A Message from the Secretary

Dear Friend:

Significant progress has been made in the past year strengthening the network of services for seniors and providing an array of services that is more responsive to the needs of frail elders. We face a growing challenge to assure that elders enjoy a safe, healthy and independent lifestyle. Shifting economic trends, continuing struggles to improve health care coverage under Medicare and serious shortage of staff in nursing homes, home health and homemaker agencies must be addressed to continue to meet our obligations to elders as a society.

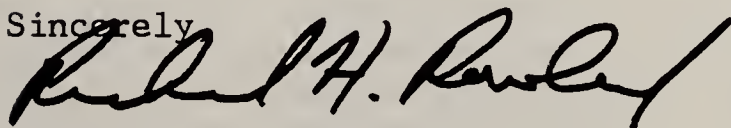
The Executive Office of Elder Affairs took steps in 1986 to focus on the care elders receive in nursing homes, the wages paid to nurses aides and the plight of elders being discharged from hospitals. These efforts have resulted in a modest increase in wages for nursing home workers, and subsequent studies by other organizations that further document the crisis. We must keep these issues before us lest the quality of care provided Massachusetts seniors deteriorate and the dedicated employees who provide the daily care fall into economic distress.

EOEA is working with elders and hospitals to increase awareness of patients rights and to improve the transition for elders leaving the hospital.

We take seriously our mandate to help elders maintain their dignity, their self-esteem, and their independence. As we enter 1987, we must re-dedicate our efforts to tackle the tough issues and actively involve elders in their resolution.

I look forward to working with you to meet these challenges in the years ahead.

Sincerely,



Richard H. Rowland,
Secretary



HOME CARE PROGRAM

The home care program promotes independence for elders who are at risk of placement in a nursing home and it assists families caring for frail relatives. EOEA continued its emphasis on services to functionally impaired elders during the year. A full range of supportive health and social services are provided.

Fiscal Year (FY) 1986 expenditures for the home care program reached \$103 million, a 14% increase over FY 85. Major changes were implemented during the year. Respite services were introduced to help families caring for their frail relatives. A better system for setting service priorities improved our ability to target services to elders at greatest risk of institutionalization. A new sliding fee program expanded eligibility. A new assessment procedure more accurately measured the functional needs of elders.

An average of 43,620 frail elders a month received home care services. The average age of clients was 80 and 30% of the clients were over 85.

The capacity of the program to respond to the changing needs of elders was also improved. Staff in fourteen Home Care Corporations were assigned to work closely with hospital discharge planners to expedite services to elders as they are discharged from hospitals. Five demonstration programs were implemented to integrate the care planning and service delivery for elders who are members of a Health

Maintenance Organization.

Respite Care

Respite care supports families who provide daily care to a frail relative, particularly families caring for relatives with Alzheimer's Disease. It allows family caregivers a chance to do errands, take needed vacations or join activities that are precluded by the responsibilities of caring for frail elders. The program is intended to allow family members to continue caring for their relatives and prevent or delay placement in a nursing home.

The program provides up to \$3,500 in services a year. The type of service provided depends on the "respite" need of the caregiver and the functional needs of the elder. The program can provide homemaker, personal care, home health care, skilled nursing care, day care, and overnight care in a nursing home.

Families with incomes up to \$44,000 for a family of four may receive subsidized services. Families are assessed a fee based on their income and the amount of services needed. Families with incomes above the subsidized thresholds may use the program to assess service needs and arrange services. Families then pay the full cost of care.

Respite services were provided to over 1,500 families during the year.

Home Care

Promoting Elder Independence

Respite and Alzheimer's Disease

In addition to the respite care available through the twenty-seven home care corporations, EOEA awarded funds directly to agencies to develop specialized programs for people with Alzheimer's Disease. Five programs provide specialized day care which integrates skilled nursing care, nutrition, mental health, transportation and social services. Five other programs offer specialized in-home respite care. Staff providing in-home respite care to Alzheimer's patients are recruited and specially trained. They counsel caregivers, and organize family support groups as part of the program.

Mrs. N is paralyzed on her left side following a stroke two years ago. She is wheelchair bound and incontinent. Her husband provides 24 hour supervision, and assistance with bathing, dressing, feeding, medications and toileting. She cannot be left alone and there are no relatives to help Mr. N care for his wife. The constant care has left him drained and he isn't sleeping well.

A case manager authorized three hours of respite service a week. A home health aide visits one morning to allow Mr. N to do errands, and a second morning he visits the local senior center to see friends. The respite care has helped Mr. N to continue to maintain his own health and to provide the care his wife needs to avoid placement in a nursing home.

Alzheimer's Information and Referral

The Office of Alzheimer's Information assists caregivers, increases public awareness, and works with other state agencies to improve our responsiveness to people with Alzheimer's Disease.

During the Office's first year of operation, a manual on Caregiving and Resources for Caregivers was published to help agencies and families deal with the disease.

A toll free hotline received over 1,100 calls for information and assistance solving problems faced by family members seeking help. The Office helped people find respite care, legal advice, diagnostic centers and family support groups.

To increase public awareness, presentations were made at ELDER ADVOCATE sessions, the annual Governor's Conference, and seminars hosted by Councils on Aging and other interested groups.

Serving Frailer Elders

The new Client Needs Assessment Procedure (CNAP) allows the program to serve elders based on their functional ability to perform the tasks of daily living, such as bathing, dressing, eating, getting to the toilet, shopping, getting to medical appointments, preparing meals and doing housework. The change allows case managers to target services to the most frail elders and to determine the

most appropriate service plan. The increased frailty of elders receiving service has been dramatic.

The new assessment system highlights the differences in impairment and service needs among clients. Clients in Functional Impairment Level Groups (FIL) I-III, the most impaired groupings, receive nearly double the personal care services of FIL IV clients, 16.4 hours per month compared to 8.8 hours a month. More impaired clients received an average of 24.6 hours of homemaker service a month compared to 15.3 hours for moderately impaired elders.

In a six month period from January to June 1986, new clients in the most impaired categories rose from 55% to 63%, and as a percentage of all cases, clients in the most impaired groupings rose from 32% to 46%. This trend continued in subsequent months.

Serving frailer elders required modification of the home care system to improve coordination with hospitals, our major source of referrals, and home health agencies. It also meant changing the package of services to better meet the blend of health and social service needs of elders. The home care system has gradually developed greater expertise in health care. The addition of personal care has been accompanied by the hiring of 50 nurses in Home Care Corporations to supervise the personal care service.

Late in 1986, EOEA added home

health services for personal care clients who are not eligible for Medicaid and whose needs exceed what is available through personal care. The Legislature approved \$1.2 million for this new service. Home Care Corporations will implement the new service through local home health agencies who will complete the nursing assessment and develop a home health care plan for clients referred by the home care corporation.

To cope with the increased needs of elders being discharged from hospitals, 14 Home Care Corporations have developed "hospital liaison" staff who work with discharge planners to expedite the delivery of services. The DRG system for paying hospitals for Medicare services has created pressure on home care and home health agencies to serve elders with more intense and more varied service needs. Coupled with more stringent interpretation of Medicare guidelines for reimbursing home health services, options like the home care program face increasing pressure to deliver in-home care.

Personal Care

Mrs. S. was sitting quietly, rocking when the case manager visited. She was disheveled and wore a soiled dress. Her husband of 52 years does the housekeeping and cooking, but he cannot meet her personal care needs.

A personal care homemaker assists with grooming, bathing and ambulation. Mrs. S. looked clean and pleasant during the subsequent visit, though her early signs of Alzheimer's Disease indicated a

need for close monitoring and adjustments to the care plan over the coming months.

The addition of personal care as a home care service has improved our ability to meet the needs of frailer elders living at home. Personal care provides hands-on help with bathing, dressing, eating, toileting and getting around the house. During the year, the number of elders receiving personal care grew to 5,000.

Sliding Fee

EOEA consulted elders, Home Care Corporations, academics and others during the development of a sliding fee program that extended financial eligibility for the home care program from \$9,348 to \$12,371 for a single elder and from \$12,213 to \$17,524 for a couple.

Expanded eligibility was accompanied by a fee system that assesses fees based on the amount of services received and income. Elders pay a percentage of the cost of their care. The percentage rises as income rises. A cap is set at each fee category to protect elders with extensive service needs. Elders with incomes below \$7,841 for a single person and \$11,008 for a couple may contribute to the program on a voluntary basis.

Mrs. M. is an 82 year old widow who lives alone. Her son and daughter both live out of state. Her chronic health problems

include arthritis, highblood pressure and a chronic heart condition. She needs help preparing meals and performing personal care tasks.

Before the new sliding fee program, Mrs. M paid \$400 a month to a private agency for homemaker and personal care services. The care took half her income and she stopped the service because of its high cost.

With the new fee program, Mrs. M now pays \$60 a month or 15% of the cost of her care.

HMO and Home Care Integration Projects

Five special programs were developed during the year to coordinate and integrate services offered to elders through HMOs and the home care program. Over 60,000 elders have joined HMOs and many are frail and need home care services. The special projects have helped doctors and nurses work with case managers to develop a well-rounded care plan.

The concept is modeled after the Social - HMO demonstration underway in four sites around the country. The Massachusetts project makes use of our extensive home care funding and the trend of HMOs serving increasing numbers of elders.

The five projects include the Fallon Community Health Center in Worcester, Bay State Health Care in Cambridge, Medical West in Chicopee, Medical East in Peabody and Hillcrest Community Health Plan in Pittsfield.

EOEA BUDGET SUMMARY - FY 86State Funds

Home Care	\$103,984,516
Title III Supplement	125,000
Administration	2,229,000
Volunteer and Employment	1,026,899
Demonstration	532,417
Congregate Housing	284,100
Elder Lunch	2,292,368
"Keep Moving" Trust Acct	75,400
Councils on Aging	2,300,000

Total State Funds	\$112,849,700
-------------------	---------------

Federal Funds

Social Services, Ombudsman	7,477,804
Administration and Training	872,948
Nutrition	9,108,266
Senior Aides	1,543,274
USDA Cash	2,649,863
Legal Services Developer	50,000

Total Federal Funds	\$21,702,155
---------------------	--------------

Total Funds	\$134,551,855
-------------	---------------

The HMOs are working with eleven home care corporations in their areas to identify HMO members who need in-home services.

The Fallon Community Health Plan, with 12,725 elder members, provided coordinated home care services to over 150 frail elders during the year. The Fallon health coordinator and Home Care case managers meet regularly to review client needs and service plans.

The project at Medical West in Chicopee served 131 elders during their first six months. HMO doctors felt better informed about the in-home services delivered to their patients and case managers now work more closely with HMO staff to prepare service plans after hospital discharges or to respond to other acute medical episodes.

Bay State Health Care is an Independent Practice Association.

Physicians maintain their own independent practices but deliver pre-paid health services. Case managers from four home care corporations receive referrals from Bay State's nurse coordinators and hospital liaison case managers. Notices of the referral and a copy of the care plan are sent to the physician by the case manager.

Does coordination work? The Bay State nurse coordinator received a request from a plan Opthamologist to admit an elderly woman for a two day hospital stay for cataract procedures. The physician was not aware that his patient was also a home care client. The nurse contacted the case manager and the VNA. Home health services were authorized to administer eye drops, and the case manager increased the client's home care plan for two weeks while she recuperated from the cataract surgery which was performed on an outpatient basis.

Hillcrest Hospital and Medical East were expected to implement their models early in 1987. Hillcrest Hospital, a Group Model HMO, is working with Berkshire Elder Services to increase awareness among elderly HMO members about home care services, risk factors and the coordination available to members who need services. Health screening information will be collected as elders enroll and elders who are at risk will be contacted by project staff.

Medical East and North Shore Elder Services are developing a

model that also actively involves both case managers and HMO health coordinators in the care management process.

Community Care Connection -- Integration with Medicaid

The ten projects jointly sponsored by EOEA and Medicaid served an average of 650 client during the year. These projects are jointly funded on a pre-paid capitation model. Each site is responsible for managing services between home care corporations, and home health agencies.

The projects provide home care and home health services to Medicaid clients who are eligible for placement in a skilled nursing facility (SNF) or an intermediate care facility (ICF). Twenty percent of the clients enrolled qualify for SNF care and eighty percent meet the criteria for ICF placement.

The projects have improved the ability to target services to frail elders and resolve issues that will improve services to elders with both medical and social service needs.

Homemaker Supply

With the expansion of services, the home care program depends upon the availability of skilled staff to care for elders. The demanding nature of the work, and competition from jobs paying higher wages and offering better benefits poses real obstacles to the integrity of in-home programs here and across

the nation. To address this problem, EOEA has supported the growth of wages to homemakers. Wages were increased 12% in July which raised the average wage to homemakers to \$5.87, a 37% increase over the past three years. Despite the increases, a serious shortage of workers, particularly during nights and weekends, continues and state agencies must continue to develop new responses to solve this shortage.

assistance. Counselors are also available to make presentations to groups in their communities.

EOEA plans to add additional sites in 1987. As the program continues to expand its outreach efforts, information about private long term care insurance will become an important focus of the program. SHINE volunteers will help elders evaluate the coverage of policies marketed in Massachusetts.

HEALTH EDUCATION

Serving the Health Information Needs of Elders (SHINE)

SHINE is a volunteer network of health benefits counselors that helps elders understand the complexity of Medicare, Medigap, HMOs and DRGs. EOEA works with Councils on Aging and hospitals to develop the SHINE program to help elders select the health insurance options that are best for them, to understand the gaps left by Medicare and the lack of coverage for long term care needs.

SHINE was developed on a pilot basis in the Greater Lawrence, Cape Cod and Middleboro areas. In 1986 two additional sites were added in communities around Arlington and Norwood. Sixty-six SHINE volunteers currently provide health benefits counseling in 37 communities. Many counselors visit homebound elders and elderly housing facilities to provide

"... (T)he problems are so complex and people need a quick resolution so they don't worry as much the SHINE training prepared me to deal with so much more than I thought I could handle ...," a SHINE counselor from Cape Cod.

DRG Education and Monitoring Project

EOEA began an extensive educational and research effort with the advent of the DRG payment system for hospital care under Medicare in October 1985. The educational efforts involved preparation and distribution of consumer information materials such as action alerts, editorials, and pamphlets explaining elder's rights under the system. EOEA staff conducted forums and workshops across the state which reached 2,000 advocates. EOEA continues to serve as a referral source for persons seeking services and information about this important Medicare change.

Research was conducted to assess

provide social day care in Senior Centers to impaired elders.

COAs operate most of the 240 senior centers across the state. "It's the center of activity for seniors in Dennis," says Senior Center Director Cliff Wood. His center focuses on three areas: human needs, educational programs, and group activities which include social day care, health information and travel.

Like most Centers, Cliff says, "We can't live without" the ninety volunteers that make their programs a success.

In North Adams, you might find the St. Patrick's Day Derby Race, a nursery program, or adult education services at their senior center. Jean Beauchemin, Director of the Adams Council on Aging, says that elders share snacks with the children from the nursery program. "We get smiles from people you would never expect," she says. The open atmosphere of the center has brought a resurgence in growth among elders joining their activities.

COUNCILS ON AGING

EOEA awarded \$2.3 million in state funds to support Council activities in 1986. Over 300 Councils shared nearly \$1.8 million in formula grants and 150 Councils and COA consortia received an additional \$610,000 in discretionary grants for innovative programming, Senior Center improvements, regional transportation and Social Day Care.

EOEA launched its first Council on Aging symposia during 1986.

1986. The meals program operates at 370 congregate sites and delivers meals to the homes of impaired elders to help them remain in their homes.

Funding for the Nutrition Program included: \$8.8 million from the Older Americans Act, \$4.5 million in donations from elders themselves, \$4.4 million from the State funded Home Care Program, \$3.5 million in U.S. Department of Agriculture cash and commodities, \$2.3 million from the state funded elder lunch program and \$223,000 from local funding sources.

Nutrition Projects delivered more meals to impaired elders in their homes than were provided to elders at congregate sites. Of the 6,844,529 meals served in FY 1986, 48% (3,304,796 meals) were congregate meals, and 52% (3,539,733 meals) were home delivered.

NUTRITION SERVICES

The Executive Office of Elder Affairs allocates state and federal funds to the Commonwealth's Elder

TITLE IIIC	\$ 8,783,500
STATE ELDER LUNCH	2,292,368
STATE HOME CARE H.D. MEALS	4,395,417
ELDER DONATIONS	4,554,327
USDA CASH	2,737,812
USDA COMMODITIES	809,455
LOCAL CASH	223,423
<hr/> TOTAL	<hr/> \$23,796,302

Nutrition Projects and monitors compliance with standards concerning nutrient adequacy, and fiscal and administrative practices. EOEA also coordinates nutrition education activities throughout the state.

Recipe Contest

EOEA sponsored its annual statewide Recipe Contest in conjunction with the Massachusetts Association of Elder Nutrition Projects; published a two-volume training manual "Nutrition and Health Education of Older Adults at Home" and sponsored, with Boston University's School of Culinary Science, the State's first Elderly Food Show and Exposition.

Homeless Meals Program

Special nutrition programs for homeless elders were initiated by EOEA in 1986. Elder Nutrition Projects were awarded \$500,000 to provide special programs for elders who live on the streets, in shelters or in single room occupancy housing.

Nutrition Projects interested in developing small, creative meals programs for homeless elders received \$5,000. In addition twelve larger competitive awards were made for comprehensive innovative nutrition services.

Kit Clark Senior House in

The Winners

Leo LeFebvre from Adams won the the salads awards with a confetti salad and Leo's Lime Dressing.

The award for the best bread was taken by Joseph Mecurio of Acton with an oat bran wheat bread.

A baked chicken with walnut and raisin stuffing won the main dish award for Julia Ruiz of Cambridge.

The desert prize went to Jeanette McGuire of Buzzards Bay for an apple sauce cake.

|||||

Dorchester uses a new mobil canteen and a special outreach team to serve isolated elders who do not attend shelters or congregate meals sites. The canteen provides a hot meal and staff to help elders access services.

The Age Center of Worcester was awarded funds to serve elders seeking shelter at the Public Inebriate Program which offers comprehensive shelter services.

The Springfield and Somerville-Cambridge nutrition projects are providing breakfasts, suppers and emergency meals through a variety of community agencies for homeless elders in these areas.

|||||

"KEEP MOVING" KEEPS GROWING

Walking -- "It should be a way of life for all ages," says Helen Maki of Fitchburg.

In 1986 more elders agreed with Helen. The "Keep Moving" exercise and fitness program flourished during the year. Enrollment in the statewide network of walking clubs reached 5,000, double the 2,500 members a year ago.

Two hundred new leaders were trained and certified at leadership training workshops in Boston and Holyoke. Leaders set the example for their members. Frances O'Neill, a leader from Holden said, "Nothing deters us from our walks. On a rainy day we set out with rain gear and umbrellas ... on icy days we take laps around the gym."

The U.S.D.A. Human Nutrition Research Center on Aging continued to volunteer their expertise to train walking club leaders. Throughout the year regional follow-up workshops were held to support and encourage community leadership and local initiatives.

After the cold winter months, Spring rallies were held to start the program year. The rallies drew 1,000 walking club members to Trout Brook in Holden; Salem Willows, Salem; Webb State Park, Weymouth; the Cape Cod Canal; Lake Massapoag, Sharon and in Pittsfield. Walking club members also joined Governor Dukakis and Secretary Rowland for summer walks

in Marblehead and Chicopee. Each of these walks and picnics offered clubs an opportunity to meet neighboring clubs, to make new friends and to train for the 1986 Governor's Cup.

Governor's Cup

Neither the rain, nor drizzle dampened the spirits of the 3,500 older adults who lined up on Charles Street, Boston to start the third annual Governor's Cup one mile walk, three mile walk and five mile road race. Joining the master and senior athletes at the starting line were Governor Dukakis, Kitty and Euterpe Dukakis. After the event, participants danced to a swing band and, of course, swarmed around Bobby Orr for pictures and autographs.

Late in the year, "Keep Moving" volunteer leaders were guests at an appreciation luncheon. Famed walker Rob Sweetgall conducted a walking clinic and presented a film about his historic Walk Across America.

Why do people join walking clubs? "The sociability .. the constant flow of laughter .. living in a community but never really seeing things until we walked," says Lee Anderson of Plymouth.

"Together two miles at a time we're discovering the real essence of our town - neighborhoods - their varied architectural designs, landscaping, parks, main streets and backyards," Mildred Gould, Hudson.

The "Keep Moving" program and the Governor's Cup continue to generate year-long local and statewide interest. Special features in the U.S. Department of Health and Human Services' Aging Magazine and in the Summer and Fall issues of Walking Magazine generated widespread national interest. To respond to the interest, a brochure describing the Massachusetts program was published and sent to governors and aging agencies across the country.

"Keep Moving" receives major funding from Nabisco Brands Inc., Rockport Company, and Blue Cross/Blue Shield of Massachusetts.

|||||

ADVOCACY -- INVOLVING ELDERS

CITIZENS ADVISORY COMMITTEE

The 1986 EOEA Citizens Advisory Committee continued its efforts to champion elder issues and concerns. Consisting of 48 members and five Life Members, the Committee represents the concerns of the elderly throughout the Commonwealth. Committee members are appointed by Secretary of Elder Affairs Richard H. Rowland and represent the diverse cultural, economic and social backgrounds of elders statewide.

Officers for 1985-1986 were Chair Evelyn Greenman of Brookline, Vice-Chair Ed Simpson of Squantum, and Clerk Tony Santos

of New Bedford. See page 21 for a complete list of the Committee Members.

The Committee meets a minimum of four times a year with Secretary Rowland on an advisory level. An important force behind the initiation of EOEA's ELDER ADVOCATES Program two years ago, the Committee continues its commitment to elders through constant legislative advocacy, and educational programs such as its Speaker's Bureau, which addresses business and other groups about planning for retirement and the availability of services for elders throughout the Commonwealth. The Citizens Advisory Committee also co-sponsors the annual Governor's Conference on Aging.

ELDER ADVOCATES

"Elders Helping Elders Maintain Independence"

Since 1984 Massachusetts elders have had a particular advantage. If they find elder issues confusing and concerning, they can do something about it. They can become ELDER ADVOCATES.

"Always something new to learn," says one program graduate. An ELDER ADVOCATE is someone who has graduated from a two-day ELDER ADVOCATES program conducted by the Massachusetts Executive Office of Elder Affairs. The theme of the program is "Elders Helping Elders Maintain Independence." ELDER ADVOCATES are trained in advocacy techniques and prepared to inform their peers about the latest issues affecting the elderly.

|||||

In FY 86 the ELDER ADVOCATE Training program held sessions in 9 locations, up from five the previous year. Two full-day sessions were held in each of the regional districts across the Commonwealth. The sessions featured topics like HMOs, Patient Rights, DRGs, Transportation, Media Relations, and Housing issues. The total number of graduates rose from 500 to 1060.

ELDER ADVOCATE graduates have used their training in a variety of ways. Many ELDER ADVOCATES are already active in Senior Centers or Councils on Aging. Some are Senior Aides, or Massachusetts Elder Service Corps Members, Nursing Home Ombudsman, or Companions. These people find that their training as ELDER ADVOCATES enhances their knowledge and ability to do their work. In addition, because ELDER ADVOCATES learn about current bills before the State Legislature and the National Congress, they are active in lobbying their public officials for appropriate action.

Elders have found the program gives them "necessary information to inform the public" and "valuable information for elders."

"All ELDER ADVOCATES make a contribution, bringing knowledge and commitment to their communities," Elder Affairs Secretary Richard H. Rowland has said.

"I'm impressed with what can be done when advocates get together," an ELDER ADVOCATE.

ELDER ADVOCATES
Legislative Assembly

During FY 86, Governor Michael Dukakis and Elder Affairs Secretary Richard Rowland hosted the first annual assembly of Massachusetts ELDER ADVOCATES and Massachusetts Legislators in Gardner Auditorium at the State House on February 20th.

The Legislative Assembly was the first event which brought ELDER ADVOCATE graduates from across the Commonwealth together with key legislators to discuss such elder concerns as the new Medicare reimbursement system (DRGs), Elder Abuse, Alzheimer's Disease, Long Term Care, and Health Care Cost issues.

Governor Dukakis delivered the keynote address. Other dignitaries who addressed the Assembly were Senate President William Bulger, Senate Ways and Means Chair Patricia McGovern, and House Ways and Means Chair Richard Voke.

ELDER ADVOCATES Margaret McKillop, Freda Mulkern, and Ruth Tinsley spoke on the issue of Quality of Care in Nursing and Rest Homes. Sol Rosenbaum, Ed Simpson, Ed Kenny, and Ed Prentiss spoke on Community Care Issues. Kay Maney and Nate Smith spoke on Health Care Issues.

"The ELDER ADVOCATE Program demonstrates that there is no age limit to advocacy and no better advocate than an elder. Its successes demonstrate that there is no limit to their capacity to learn,



to teach, and to influence issues facing elders, the community and the state," said Elder Affairs Secretary Richard Rowland. "In addition this assembly clearly demonstrates that within the borders of Massachusetts there is a tremendous resource -- elders."

Social Security Celebrations

"Cut the cake, not the COLA"

Calling Social Security the "Magna Carta of Independence for Elders," Secretary Rowland held six celebrations at regional sites across the state, including Boston, Peabody, Salisbury, North Dartmouth, Worcester, and Ludlow.

Some of the present-day champions of Social Security to attend the events were: Governor Michael Dukakis, Congressman Joseph Moakley, Boston Mayor Raymond Flynn, Springfield Mayor Richard Neal, City of Boston Elder Affairs Commissioner Michael Taylor, Frank J. Manning, Freda Mulkern, State Representatives and Senators and local officials.

The purpose of the celebrations were threefold. The events provided an opportunity to commemorate this nation's most comprehensive social program. They also provided a chance to celebrate its success. But, most importantly, it was time to turn a spotlight on the health and effectiveness of this program which has survived attempts to eliminate or tamper with the Cost of Living Adjustment (COLA). "Social Security serves elders, young people, the whole family;

the handicapped, the healthy, all of us," Secretary Rowland stated.

Governor's Conference On Aging

A capacity crowd of 1,600 elders participated in the Fourth Annual Governor's Conference on Aging, which took place on Thursday, May 29, 1986. Governor Michael S. Dukakis addressed the gathering on the theme: "Elder Independence: Opportunities and Challenges."

Along with the Executive Office of Elder Affairs, Boston University, and the City of Boston Commission on Elderly Affairs, consumers, state legislators, professionals in the field of aging, and business representatives convened for an all-day session including twenty-three morning workshops with a luncheon and afternoon plenary session with the keynote speaker Arthur Fleming, Chairman of the Citizens Committee on Civil Rights.

Morning workshop topics included: Medicare and DRGs, Private Long Term Care Insurance, Innovations in Community Care, Wellness: Fitness and Nutrition, Senior Centers, Social Security, Resources for Family Caregivers, Influencing Public Policy, Housing Options, Elder Abuse and Neglect, Consumer Protection, Dealing with Language and Cultural Issues, Aging Around the World, Caring for Alzheimer's Patients, The Living Will, The Role of Religious Institutions, The Emotional Realities of Aging, Health Maintenance Organizations, Access to Services, Transportation and the Elderly, and Dealing with Disability Issues.

[illegible]

Elder Service Corps volunteers are assigned to 132 diverse agencies involved with senior citizens. Whether serving as companions to impaired elders, friendly visitors, delivering meals to the homebound, or providing transportation or telephone reassurance each Elder Service Corps volunteer personifies the Corps motto -- "Pride in Age...Pride in Action."

[illegible]

During Fiscal Year 1986 over 390 older workers (age 55 and above) were served by EOEA's program. These participants provided services in 275 agencies ranging from library assistants, paralegals, transportation dispatchers, information and referral specialists, friendly visitors, and countless other activities to meet the needs of their communities. The program provides many opportunities for participants to enjoy and develop. Among other benefits, persons in the program are provided with scholarship opportunities to



attend Elderhostel programs, Elder Advocacy Training, and Nursing Home Ombudsman Training.

|||||

PROTECTIVE SERVICES

The Elder Protective Services Program was established in July 1983 to protect abused or neglected elders in the community. The law defines abuse as "an act or omission which results in serious physical or emotional injury to an elderly person."

In FY '86, the program received 2,337 reports, a 54% increase over the 1,520 reports received in 1985. In FY'86, 1,856 reports warranted an assessment by a case worker, and 1,401 cases were opened for services.

Mandated reporters accounted for approximately 73% of all reports made in FY'86. Physicians, social workers, nurses, and police officers are required by law to report cases of potential abuse.

Executive Office Role

The Executive Office of Elder Affairs sets policy and monitors and evaluates the Protective Services Program to assure the provision of quality services to abused and neglected elders.

The Protective Services staff within EOEA consists of the

Program Manager, five Regional Protective Services Supervisors, and a Program Specialist. Regional Supervisors monitor and evaluate the delivery of services by designated protective services agencies. They also provide ongoing training and technical assistance to protective services cases and remain on-call twenty-four hours a day for consultation to caseworkers on serious abuse cases.

The Program Specialist coordinates the Elder Abuse Hotline, guardianship program, and agencies in the Elder-At-Risk Program.

The Elder Protective Services Program in Massachusetts has five major components:

- Protective Services agency network;
- Guardianship Services;
- Elder Abuse Hotline;
- Elder-At-Risk program;
- Homeless project.

Protective Services Agencies:

Twenty-six Home Care Corporations and one community Mental Health Center have been designated as Protective Services Agencies. Protective services caseworkers assess reports of abuse or neglect and arrange for homemaker, chore, transportation, nutrition and other services.

Caseworkers also make referrals to community agencies for services not available at the local protective services agency. Agencies provide emergency protective

|||||

developed to provide protective services to elders in Greater Boston and Worcester. The program focused on elders at risk of injury, financial abuse, or loss of housing who do not technically fall under the elder abuse law.

Currently, the program assists elders to obtain medical care, adequate income, benefits, housing, and counseling. The program also provides special counseling to victims of elder abuse.

Homeless Project

An estimated 300 to 500 elders are homeless in Boston. The Homeless Project at Senior Home Care in Boston helps elders to locate housing, and access medical care and financial assistance. Outreach, advocacy, and literally "street level" casework are the primary methods of the Project.

EOEA is now in its fourth year of providing protective services to elders. Though still a relatively new program, it has grown and developed. Services to abused and neglected elders are an integral part of Massachusetts' services to elders.

[illegible]

LEGAL SERVICES

The Legal Services Development Program continued to provide legal support for the Ombudsman Program, the Protective Services Program,

Elder Law Projects and Area Agency
on Aging activities.

system which will improve the quality of life for 54,000 residents.

Over twenty-five percent of the 411 legal problems handled by the Office involved the rights, benefits and entitlements of residents of nursing homes and rest homes.

The program makes weekly visits to 84% of the state's nursing and rest homes. The visits are made by 270 volunteers, Senior Aides and Elder Service Corps volunteers.

The program provided or coordinated several training programs for attorneys on various areas of the law affecting elderly persons. This included sponsoring Entitlement Planning for Elderly Clients, a Massachusetts Continuing Legal Education Inc. program attended by over 100 private attorneys providing pro bono services for elderly clients throughout the state. Legal training continued to be provided for Ombudsman Supervisors, Protective Service program workers, and various elder community groups throughout the state.

"I have seen the effect the Ombudsman has made in improving the quality of care in nursing homes. I derive a great deal of satisfaction knowing I am helping someone. It's nice to know one has an effect and gets things done. It makes me feel good to see people who are glad to see me," Lois Bachelor, Haverhill.

The Legal Services Developer continued to monitor and evaluate 22 Title III-B Legal Services Program grants, and draft legislation, regulations and contracts for a broad range of programs.

The Ombudsman Program depends upon volunteers, mostly elders themselves to visit residents and advocate on their behalf.

Services from Ombudsmen expanded significantly last year. A record 4,891 complaints were received, a 35 increase over the previous year. Volunteers made almost one million contacts with residents.

LONG TERM CARE OMBUSDMAN PROGRAM

The Long Term Care Ombudsman program receives, investigates and resolves complaints from residents of nursing and rest homes across the state. The program protects the rights of residents and advocates for changes in the long term care

The Ombudsman Program was actively involved in efforts to improve the quality of care. Ten public hearings were held which focused on quality of care, training, wage levels and other issues affecting nursing homes. Legislation requiring training programs for nurses aides was passed. Funds were also included in the state budget to give nurses aides a six

for elders who no longer want to live alone or those who may benefit from having others around to help them during the day. Elders who need home health services or home care receive services from the home care program. About 70% of congregate residents receive services.

Congregate housing is jointly funded by EOEA and the Executive Office of Communities and Development. EOCD funds the housing construction and operating costs, and services are provided through the home care program. EOEA also funds program coordinators that serve as the liaison between the housing authority or other sponsoring organization, community agencies and the home care program. The coordinator is a key ingredient in the process of marketing the program, tenant assessment, and organizing local agencies.

Congregate housing will expand considerably during the next three years. Funds approved by the Legislature are now "in the pipeline." During 1986, 252 units were available. An additional 160 units in 13 sites are expected to be ready for occupancy in 1987. By the end of 1988, a total of 760

units will be available. Design and construction delays may alter the timetable for some units.

|||||

TRAINING

EOEA offers a variety of training and development opportunities. The purpose and thrust of training opportunities is to strengthen and enhance the capacities of those working with and caring for elders.

Last year's training activities included quarterly orientation workshops for home care corporation case managers, workshops for protective service workers, supervisory workshops and EOEA's first volunteer management conference. The volunteer management conference was attended by COA, Ombudsman, and nutrition project directors and Elder Service Corps coordinators.

The training staff also organized a six week series for families caring for elders at home which was presented at various locations across the Commonwealth. In addition to training for people in the aging network, EOEA encourages its own staff development through tuition reimbursement and inservice training programs.

|||||

MEMBERS OF THE ADVISORY COMMITTEE

1985-1986 Term of Office

Mannah Averett	Mashpee	Nate Smith	Jamaica Plain
Kathryn Callahan	Charlestown	Raymond Suprenaut	Turners Falls
Thomas Cantone	North Andover	Ruth Tinsley	Boston
Dorothy Carter	Dorchester	Ann V. Trumble	Greenfield
Kathryn B. Connors	Lowell	John Viera	South Dartmouth
Ada Charbonneau	Nahant	Lloyd Williams	Dorchester
Perry Cournoyer	Chicopee	Ann Wright	Springfield
Vilhelmina Crossen	Boston		
Vincent DeCain	Saugus		
Rebecca Dorson	Revere	LIFE MEMBERS	
Barbara Dwyer	Arlington		
Elsie Frank	Boston		
Ralph J. Froio	Pittsfield	Rose Baker	Gloucester
Emily Gaykan	Pocasset	Edward L. Bernays	Cambridge
Ralph Giannette	Stoneham	Edward L. Cooper	Roxbury
Norma Walsh Gramer	Boston	Esther Lyman	Melrose
Evelyn Greenman	Brookline	Roger Trask	Peabody
Villa Troy Halstead	Worcester		
Edith Healy	Charlestown		
Myra Herrick	Beverly		
Newell Hodges	Springfield		
Bella Krovitz	Wollaston		
Dr. William Kvaraceus	Sharon		
Lillian Lashua	Hudson		
Daniel Madio	Tewksbury		
Grace Maguire	Dorchester		
Dr. Catherine Maney	Jamaica Plain		
Frank J. Manning*	Jamaica Plain		
Aretha Matthews	Springfield		
Anna M. Mays	Worcester		
Dr. Richard McDowell	Boston		
Sam Messina	Roslindale		
Isadore Morantz	Brookline		
Ruth Moy	Boston		
Freda Mulkern	Everett		
Ethel O'Brien	Assonet		
Edward Prentiss	West Upton		
Connie Replenski	Indian Orchard		
Solomon Rosenbaum	Fitchburg		
Anthony Santos	New Bedford		
Philip Shiff	Swampscott		
Edward E. Simpson	Squantum		

* Deceased August 20, 1986

